

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025646

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1782

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN GlendaleLength of stay in 1b
16 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Glendale

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION #6 Cambridge CourtInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
#6 Cambridge Court.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Carl

Henry

Zimmermann

4. DATE OF DEATH

Month

Day

Year

June

13

1962

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-3-18979. AGE (last birthday)
65IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Delivery10b. KIND OF BUSINESS OR INDUSTRY
Shell Petroleum11. BIRTHPLACE (City and state or country)
Creve Coeur, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Herman Zimmermann

13b. MOTHER'S MAIDEN NAME

Caroline Deuser

14. NAME OF HUSBAND OR WIFE

Catherine C. Zimmermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
Yes WW #116. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Address Glendale, Mo.
Catherine C. Zimmermann Cambridge18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

about 3 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive and arteriosclerotic heart
disease

DUE TO (c)

about 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 5, 1962, to June 13, 1962 and last saw him alive on June 2, 1962

Death occurred at 4:20 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Typed name)
Philip P. Doisy, M.D.22b. ADDRESS 714 S. Kirkwood Rd.
Kirkwood 22, Mo.22c. DATE SIGNED
6-15-6223a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
6-16-196223c. NAME OF CEMETERY OR CREMATORY
Memorial Park23d. LOCATION (City, town, or county)
Jennings, Mo.

(State)

24. FUNERAL HOME
BAUMANN BROS. INC. FUNERAL HOME25. DATE RECD. BY LOCAL REG.
6-15-62

26. REGISTRAR'S SIGNATURE

John. Murphy 1962

2504 WOODSON ROAD

OVERLAND 14, MISSOURI (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3434

P. O. Address St. L. 149mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.